Dear Resident:

This letter addresses the City of Asheville Sanitation Division's policy for residents who are unable to take their trash and/or recyclables to the curb on their collection days. The Code of Ordinances, Chapter 15 Solid Waste Management, Section 15-49 Special Service states the following:

> "Hardship cases such as age, disability or infirmity, when confirmed by the superintendent of the Sanitation Division, Department of Public Works, may be afforded the special service of receptacle carryout and carryback upon application."

The special service described above is commonly known as "set out service." **Any resident who wishes to participate in the set out service program must apply for the service by submitting a completed Request for Special Service form (see attached).** The Request for Special Service form must be signed by the individual requesting service. Also, a medical physician must sign the Request for Special Service form or the physician must submit a signed letter stating that the special service is needed. The Sanitation Division will periodically request new physician certifications to confirm the continued need for this service.

Submit completed Request for Special Service forms to the following address:

> Sanitation Division
> Public Works Department
> P.O. Box 7148
> Asheville, NC 28802

Once a completed Request for Special Service form has been received, a Sanitation Area Supervisor will investigate the request. If there is another person capable of taking the trash to the curb at the residence, the request will be denied. If your request is denied, you will be contacted.
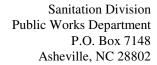
If you are approved to receive set out service, a sanitation and/or recycling worker will retrieve your trash and recyclables from the front, side, or back of your home. Workers are not permitted to enter any home, garage, shed or other enclosed structure to collect trash or recyclables. All trash must be bagged before it is placed into your trash receptacle. Any loose trash in your container will not be collected. Recyclables should be placed in your recycling bin. If you do not have a recycling bin or are unsure of when your recycling collection occurs, please contact Curbside Management, Inc. at 828-252-2532.

It is important to remember that the set out program is available only to those residents with legitimate needs. If you have any questions or concerns, please contact the Sanitation Division at 828-259-5857.

Sincerely,

Wendy Simmons
Solid Waste Manager

Attached

REQUEST FOR SPECIAL SERVICE
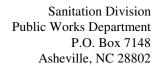
Section I - To be completed by resident:

I certify by my signature below that I am physically impaired or otherwise not capable of placing my residential trash container and/or recycling bin at the curb for pick-up by the City of Asheville or its designated representative.

I further request special service from the City of Asheville's Sanitation Division for carryout and carryback service. Please check the service(s) that are being requested:

(A) Refuse receptacle (maximum six (6) bags) carryout/carryback service: _____

(B) Recycling bin (maximum four (4) bins) carryout/carryback service: _____

Name: _____

Address: _____

_____

Phone No.: _____

_____   _____
Signature   **Date**

Section II - To be completed by physician:

Physicians Name: _____

Address: _____

_____

Phone No.: _____

Option A or B must be completed by a physician.

Option A:
I certify by my signature below that _____ is physically
                                     Patient's name
impaired or otherwise not capable of placing his/her residential trash container and/or recycling bin at the curb for pick-up by the City of Asheville or its designated representative.

Physician Signature: _____

Option B:
Attach a note signed by a physician confirming the patient's need for special service for receptacle carryout and carryback.

For Office Use Only

I approve/disapprove this special service request for carryout and carryback service.

Date recycling service was notified: _____
Date Area Supervisor was notified: _____
Date special service will begin: _____

Comments: _____
_____

_____   _____
Area Supervisor   Date

_____   _____
Solid Waste Manager   Date

Day:	Supervisor:
Truck #:	Rear Loader List or Supervisor List